

**Grievance Decision from Reviewing Authority**Inmate/Offender Name: Ezell James DOC Number: 237370Receipt Date: 04/17/23 Grievance Category Code: 2 Grievance Number: 239-23

1. Discrimination 3. Complaint against staff 5. Reserved 7. Medical 9. Records/Sentence Admin.  
 2. Classification 4. Condition of confinement 6. Legal 8. Property/Trust/Fund 10. Religion 11. Personal Identity

**Decision:****Partial Relief Granted**

Inmate Ezell James #237370 your grievance has been reviewed. You are requesting Lt Cooper/LT Russell remove all STG status from your jacket.

You will be interviewed by OIG Agents and they will determine if your STG Status should be removed from your jacket.

Reviewing Authority – Facility Health Services Admin (medical issues)

Date

D.C. Cole CCE, Facility Administrator

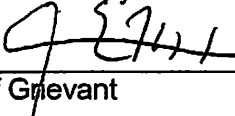
DCGS

4-18-23

Review Authority – Facility/District/Unit Head

Date

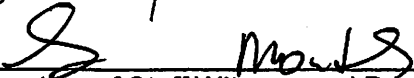
I have received a copy of the decision of the reviewing authority.



Signature of Grievant

4-20-23

Date



Signature of Staff Witness and Printed Name of Witness

4-20-23

Date

You may appeal to the Administrative Review Authority at Department of Corrections, P.O. Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA and the Personal Identity ARA at 3300 N. Martin Luther King Avenue, Oklahoma City, OK 73111, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal To Administrative Review Authority." Do not send this decision to the Administrative Review Authority, Medical ARA or the Personal Identity ARA.

1. Original to file
2. Copy to inmate/offender

DOC 090124B (R 11/20)

Exhibits B

Grievance no. 23923 INMATE/OFFENDER GRIEVANCE

RECEIVED

Grievance code: 2

APR 12 2023

Response due: \_\_\_\_\_

LCF LAW LIBRARY

DO NOT WRITE ABOVE THIS LINE

Date 4/11/23Facility or Unit L.C.FName James Ezell III  
(Print)Facility Housing Unit 3-D-116ODOC Number 237370 Date "Request to Staff" response received: 4/5/23

Have you previously submitted a grievance on this same issue? No If yes, what date \_\_\_\_\_, facility \_\_\_\_\_, grievance # \_\_\_\_\_. You must submit this completed original within 15 days of the receipt of the response to the "Inmate/Offender Grievance Process Request to Staff," (DOC 090124B). The "Inmate/Offender Grievance Process Request to Staff," (DOC 090124B), must have been submitted within (7) days of the incident. Do not include/attach anything to this grievance except the Inmate/Offender Grievance Process Request to Staff," (DOC 090124B), including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. ON 3/21/23 attached R.T.S # 01160 is clear (Any and all (S.T.G. status) be removed. I am being affected by continued delay of paperwork being completed.

2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.  
see R.T.S # 00234 addressed to Gm Wilkinson

3. The action you believe the reviewing authority may lawfully take.  
Is that L.T. Russell and or L.T. Cooper address the issue of the removal of any and all (S.T.G status) from Mr. Ezell Jacket. Please complete

Grievance report sent to (warden/facility head/administrator/correctional health services administrator):

DAVID C Colewarden

Name

Title

Signature of Grievant [Signature]4-12-23

Date Sent to Reviewing Authority

1. Original to file
2. Copy to inmate/offender

RECEIVED

APR 12 2023

GRIEVANCES &amp; APPEALS

DOC 090124A  
(R 01/22)

1 Copy  
Please**RECEIVED****Must Be Submitted Through the Law Library or Designee  
Inmate/Offender Grievance Process**

MAR 27 2023

**REQUEST TO STAFF**

01160

LCF LAW LIBRARY

Russell/Cooper S.T.G  
(NAME AND TITLE OF STAFF MEMBER)FACILITY/UNIT: L.C.FDATE: 3-21-23

I have ☒ have not ☐ already submitted a "Request to Staff" or grievance on this same issue.  
 If yes, what date: 3-6-23 facility: L.C.F grievance #: 00234  
 I affirm that I do ☐ do not ☒ have a grievance pending on this issue.  
 I affirm that I do ☐ do not ☒ have a lawsuit of any type pending that relates in any way to this issue  
 If a lawsuit is pending, indicate case number and court: \_\_\_\_\_  
 This request ☐ does ☒ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

**SUBJECT:** State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

L.C.F continues to place me "S.T.G STATUS" As Gm Wilkinson 3/9/23 has directed me to address L.T. Russell and Cooper as it concerns the continue S.T.G placement

(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

**ACTION REQUESTED:** State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Take all "S.T.G STATUS" (Anything) out of my Jacket do not attempt S.T.G placement again

NAME: James Ezell  
(PRINT)ODOC #: 237370 UNIT & CELL NUMBER: 113D-11SIGNATURE: [Signature]

WORK ASSIGNMENT: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE****DISPOSITION:**

I placed you on the list to be interviewed to complete the paperwork.

LT Cooper3-31-23

STAFF MEMBER

DATE

Date response sent to inmate/offender: \_\_\_\_\_

**APR 03 2023**

1. Original to file
2. Copy to inmate/offender

DOC 090124D  
(R 01/22)4/5/23 Renewed